

**CLAIMS ONLY**

Application Number

**"Filing" Date**

Applicant(s)

CLAIMS	AS FILED 8/3/00		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*	
1							51					
2							52					
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48							98					
49							99					
50							100					
Total							Total					
Indep							Indep					
Total							Total					
Depend							Depend					
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Claims							Claims					